

# **EXHIBIT 15**

## United States Medical Licensing Examination® (USMLE®)

**REQUEST FOR TEST ACCOMMODATIONS***Use this form if you are requesting accommodations on the USMLE for the first time.***The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program**

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at [www.usmle.org/test-accommodations/](http://www.usmle.org/test-accommodations/) for a detailed description of how to document a need for accommodations.
- Complete all sections of this request form; submit the form and all required documentation to Disability Services. In order to begin processing your request, you must have a completed registration for the USMLE Step exam for which you are requesting accommodations.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within two business days of submitting your request, please contact Disability Services at 215-590-9700 or [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org). You may be asked to submit additional documentation to complete your request.
- **Requests are processed in the order in which they are received. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete. Allow at least 60 business days for processing of your request.**
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or by telephone at 215-590-9700.

**As explained in the Guidelines to Request Test Accommodations ([www.usmle.org/test-accommodations/](http://www.usmle.org/test-accommodations/)), you MUST provide supporting documentation verifying your current functional impairment.**

**Submit** the following with this form:

- ✓ A **personal statement** describing your disability and its impact on your daily life and educational functioning.
- ✓ A completed **Certification of Prior Test Accommodations** form if you received test accommodations in medical school/residency.
- ✓ A **complete and comprehensive evaluation** from a qualified professional documenting your disability.
- ✓ **Supporting documentation** such as academic records; score transcripts for previous standardized exams; verification of prior academic/test accommodations; relevant medical records; previous psycho-educational evaluations; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; etc.

## USMLE® Request for Test Accommodations

## Section A: Exam Information

Place a check next to the examination(s) for which you are **currently registered** *and* requesting test accommodations: (Check all that apply)



Step 1



Step 2 CK (Clinical Knowledge)



Step 3\*

\*Please be aware that additional test time for Step 3 may involve 3 to 5 days of testing, depending on the requested accommodation (See Section C2).

## Section B: Biographical Information

Please type or print.

B1. Name:

Kitchens  
LastMarkcus  
FirstZ  
Middle Initial

B2. Date of Birth:

[REDACTED]

B3.

USMLE # 1-077-081-9 (required)

B4. Address:

625 Hampton way #2  
Street

City

Richmond

KY  
State/Province40475  
Zip/Postal Code

Country

USA

Preferred Telephone Number

423-314-4096

E-mail address

MARKZWANZ@gmail.com

B5. Medical School Name:

Medical University of Lublin

Country of Medical School:

Poland

Date of Medical School Graduation: 01/21

## USMLE® Request for Test Accommodations

**Section C: Accommodations Information**

**C1.** Do you require wheelchair access at the examination facility? ☐ Yes ☒ No

If yes, please indicate the number of inches required from the bottom of the table to the floor: \_\_\_\_\_

**C2. Step 1, Step 2 CK, or Step 3 (computer-based examinations)**

Check the appropriate box to indicate the accommodations you are requesting for the exam(s) for which you are currently registered:

**STEP 1: Check ONLY ONE box****Additional Break Time**

☐ Additional break time **over 1 day**

☒ Additional break time **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) **over 2 days**

☒ 50% Additional test time (Time and 1/2) **over 2 days**

☐ 100% Additional test time (Double time) **over 2 days**

**STEP 2 CK: Check ONLY ONE box****Additional Break Time**

☐ Additional break time **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) **over 2 days**

☐ 50% Additional test time (Time and 1/2) **over 2 days**

☐ 100% Additional test time (Double time) **over 2 days**

**STEP 3: Check ONLY ONE box****Additional Break Time**

☐ Additional break time **over 4 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 4 days**

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) **over 3 days**

☐ 50% Additional test time (Time and 1/2) **over 4 days**

☐ 100% Additional test time (Double time) **over 5 days**

**Describe** any other accommodation(s) you are requesting for **Step 1, Step 2 CK, or Step 3.**

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## USMLE® Request for Test Accommodations

## Section D: Information About Your Impairment

**D1.** List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations and report the year that it was **first** diagnosed.



<u>DIAGNOSTIC CODE</u>	<u>DISABILITY</u>	<u>YEAR DIAGNOSED</u>
F90.9	ADHD	2013
F41.9	Test Anxiety	2018

**D2. Personal Statement**

 **Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited.** The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.

## Section E: Accommodation History

**E1. Standardized Examinations**

-  **Attach copies of your score report(s) for any previous standardized examination taken.**
-  **If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations they provided.**



List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no accommodations were provided, write NONE).

	<u>DATE(S) ADMINISTERED</u>	<u>ACCOMMODATION(S) PROVIDED</u>
<input type="checkbox"/> SAT®, ACT®		Was not diagnosed yet
<input type="checkbox"/> MCAT®		Was not diagnosed yet
<input type="checkbox"/> GRE®		
<input type="checkbox"/> GMAT®		
<input type="checkbox"/> LSAT®		
<input type="checkbox"/> DAT®		
<input type="checkbox"/> COMLEX®		
<input type="checkbox"/> Other (specify)		

## USMLE® Request for Test Accommodations

**E2. Postsecondary Education**

List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

-  Attach copies of official records from each school(s) confirming the accommodations they provided.
-  If you receive/received accommodations in medical school and/or residency, have the appropriate official at your medical school/residency complete the USMLE Certification of Prior Test Accommodations form available at [www.usmle.org/test-accommodations/forms.html](http://www.usmle.org/test-accommodations/forms.html).

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School			
Undergraduate School			

**E3. Primary and Secondary School**

List each school and all formal accommodations you received, and the dates accommodations were provided:

-  Attach copies of official records from each school listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
High School	Tyner Academy	N/A	wasn't diagnosed
Middle School	Tyner Middle Academy	N/A	wasn't diagnosed
Elementary School	Dest T. Shephard	N/A	wasn't diagnosed

## USMLE® Request for Test Accommodations

**Section F: Certification and Authorization**

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.


I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Markcus Kitchens

Signature: 

Date: 08-30-2022

**Submitting Your Completed Request Form and Supporting Documentation:**

**(Do Not Send duplicate documents and Do Not Send by multiple methods as this will delay processing)**

- **Due to business restrictions in Philadelphia because of COVID-19 please submit your request form and supporting documentation via E-mail or Fax.**
- **Requests sent to us via mail may be delayed.**
- **E-mail:** Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDF's as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. **We are not able to access embedded links.**
- **Fax or Mail:** Submit your completed request form and supporting documents to the address below once you register for your exam.
- **DO NOT** bind, staple, paper clip, or tab documents as this may delay processing.

Disability Services  
NBME  
3750 Market Street  
Philadelphia, PA 19104-3190  
Telephone: (215) 590-9700  
Facsimile: (215) 590-9422  
E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)

To Whom It May Concern:

My name is Marcus Kitchens, Jr. and I'm in the process of registering for the USMLE Step 1 Examination. I am writing this letter to request accommodations, specifically extended time, due to being diagnosed Attention-Deficit Hyperactivity Disorder and severe test anxiety.

Pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a person may be considered disabled if he 1) has a physical or mental condition that substantially limits one or more major life activity(ies); 2) has a record of such physical or mental condition; and/or 3) is regarded as having such an impairment. For students with documented disabilities, reasonable accommodations are adjustments that allows for qualified students to have an equal opportunity to succeed without barrier(s).

As an individual with ADHD and severe test anxiety, standardized exams have often presented challenges to my capacity as a student as well as a professional. When exam scores are used as a metric for whether a candidate is qualified, for a person like myself, it reflects my ability to take an exam rather than my comprehensive understanding of the material. In order to better reflect my abilities, I am requesting additional time to complete the exam. The additional time will maximize my ability to achieve my highest quality of work by decreasing my anxiety, and increase my focus. While in university, I never had the need to file an official documentation for my situation due to my professors willingness to take my exams one on one with extended time. Included in my application is a letter from my primary care physician outlining the severity of my symptoms and need for extended time an. Also, in the application you will notice my current medication list for my ADHD and Test Anxiety.

Thank you and I look forward to hearing from you soon!

Regards,

Markcus Kitchens



**From: donotreply@prometric.com**  
**Subject: Appointment Confirmation**  
**Date: Oct 27, 2020 at 10:48:28 AM**  
**To: markzwanz@gmail.com**

To: Marcus Zwanz KITCHENS  
 2  
 2 ILLINOIS 11111  
 UNITED STATES

North America

Date: 27 Oct 2020

Subject: Confirmation of computer-based **Comprehensive Basic Science**,#000000094927214

Your appointment for the computer-based **Comprehensive Basic Science** is confirmed. Please find the confirmation details that follow:

Confirmation: <b>000000094927214</b>	Prometric Test Center: # <b>3201</b>
Program: <b>NBME Subject Examination Program</b>	<b>De Kalb - Sycamore</b>
Exam Code: <b>CBSCI</b>	<b>1830 Mediterranean Dr</b>
<b>Comprehensive Basic Science</b>	<b>Suite 201</b>
Exam Date: <b>10 Dec 2020</b>	<b>Sycamore ILLINOIS 60178</b>
Exam Time: <b>08:00</b>	<b>UNITED STATES</b>

#### TEST ACCOMMODATIONS

Extended Time

#### GLOBAL TEST CENTER SECURITY PROCEDURES

Prometric takes our role of providing a secure test environment seriously. During the check-in process, we inspect any and all eyeglasses, jewelry and other accessories to look for camera devices that could be used to capture exam content.

- You will be required to remove your eyeglasses for close visual inspection. These inspections will take a few seconds and will be done at check-in and again upon return from breaks before you enter the testing room to ensure you do not violate any security protocol.
- Jewelry outside of wedding and engagement rings is prohibited. Please do not wear other jewelry to the test center. Hair accessories, ties and bowties are subject to inspection. Please refrain from using ornate clips, combs, barrettes, headbands, tie clips, cuff links and other accessories as you may be prohibited from wearing them into the testing room and asked to store them in your locker. Violation of security protocol may result in the confiscation of prohibited devices and termination of your exam.

#### IDENTIFICATION POLICY

You must bring your Scheduling Permit, or present it electronically (e.g., via Smartphone), to the test center, along with your required identification in order to take your exam. Review your Scheduling Permit for complete details. \*This email is NOT your Scheduling Permit.

To access your Scheduling Permit, go to <http://examinee.nbme.org/documents/mss>. We strongly encourage you to print your Scheduling Permit at least several days in advance of your scheduled appointment to avoid any problems accessing or printing your permit on test day.

Important Note: In order to be admitted to the exam on test day, your name as it appears on your Scheduling Permit must EXACTLY MATCH the name on the identification you plan to present at the testing center on test day. If the name listed on your permit is misspelled or differs from your name as it appears on your identification, immediately contact your institution. In order to receive a revised scheduling permit your institution MUST submit your name change or correction more than 7 business days prior to your scheduled test date.

#### RESCHEDULE / CANCEL POLICY

If you need to change (e.g., reschedule, cancel, change test center location) your appointment, you must go to <http://www.prometric.com/MSS>.

The date that you change your appointment, using Eastern Standard Time in the United States, will determine whether you pay an appointment change fee and the amount of this fee:

- If you change your appointment 15 or more days before (but not including) the first day of your scheduled test date, there is no fee.
- If you change your appointment fewer than 15 days but more than 5 days before (but not including) the first day of your scheduled test date, the fee is \$30 US Dollars (USD).
- If you change your appointment 5 or fewer days before (but not including) the first day of your scheduled test date, the fee is \$63.00 USD.

NOTE: If you do not test as scheduled, your eligibility will be terminated and you must submit a new application.

**DRIVING DIRECTIONS**

I-88 W (signs for I 88 South Toll way/Aurora/I-294). Take the Peace Rd. exit toward IL-38. Turn right on to Peace Rd. Turn left at the light on Bethany. Turn right onto Mediterrean Dr. The destination will be on the right, in the same parking lot as Cadence Health, we are in the front of the building.

**ADDITIONAL INFORMATION**

- TEST DAY ARRIVAL: Report to the test center 30 minutes before your scheduled appointment for check-in procedures. If you arrive later than your scheduled appointment, you may not be admitted. If you arrive more than 30 minutes after your scheduled appointment, you will not be admitted to the testing center.

Though the site provides noise reducing headphones, you are encouraged to bring your own cordless soft-foam earplugs (subject to inspection).

IF CENTER NOT ABLE TO TEST: In the event that the test center becomes unavailable on your scheduled test date, we will attempt to notify you in advance and schedule you for a different time and/or center. However, on occasion, we may need to reschedule your appointment at the last minute. We strongly encourage you to check your voicemail and email prior to leaving for your appointment on test day, particularly during inclement weather. You may also call the test center directly or go to [www.prometric.com](http://www.prometric.com) to check for weather-related closings.

TEST CENTER REGULATIONS: For a full listing of Prometric Testing Center Regulations and other FAQ's please visit the Prometric website at <http://www.prometric.com/TestTakers/FAQs/default.htm>.

There is a 15 minute scheduled/authorized break between sections two and three. You are encouraged to take a break at this time. During the authorized break, you are permitted to access your locker.

You are advised not to take a personal break at any other time during the examination. If you must use the restroom, you may do so. However, you may not access your locker. Accessing electronic devices, such as cell phones, books, or study materials from your locker is prohibited. If you must obtain medicine or a food/drink item, notify Prometric staff before doing so. If Prometric staff are not notified and observe you accessing personal belongings you may be reported for irregular behavior. You are not permitted to make notes on your note board prior to starting your test. You are not permitted to leave the test center area at any time that your test is in session unless the test center is evacuated because of an emergency situation. In the event the test center is evacuated, you may not access personal belongings or discuss examination content with other test takers. You are required to review and follow the Prometric test center regulations that are provided to you to read during the check-in process.

Important Guidelines for testing During COVID-19

[https://prometric-4562417.hs-sites.com/?hs\\_preview=KhVSEZiH-30068366739](https://prometric-4562417.hs-sites.com/?hs_preview=KhVSEZiH-30068366739)

**PERSONAL DATA COLLECTION & PROCESSING**

You have consented to the collection and processing of your Personal Data, and biometrics, where required by your Test Sponsor.

Sincerely,

**North America**

Prometric

[www.prometric.com](http://www.prometric.com)



NM Dermatology  
1850 GATEWAY DRIVE  
SYCAMORE IL 60178-3192

Kitchens, Marcus  
MRN: [REDACTED], DOB: [REDACTED], Sex: M  
Visit date: 10/5/2020

**10/05/2020 - Office Visit in NM Dermatology (continued)**

**Provider Progress Notes (continued)**

Prompt	Yes/No	Diagnosis	Comments	Date
No relevant medical history.				

No Known Allergies

**PAST MEDICAL HISTORY:**

**Past Medical History:**

Diagnosis	Date
• ADHD	2013

**Past Surgical History:**

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION All 4		2009

**FAMILY HISTORY:**

**Family History**

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• No Known Problems	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	

**SOCIAL HISTORY:**

**Social History**

<b>Tobacco Use</b>	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
<b>Substance Use Topics</b>	
• Alcohol use:	Never
Frequency:	Never

Occupation: medial student

**Current Outpatient Medications on File Prior to Visit**

Medication	Sig	Dispense	Refill
• busPIRone 5 mg tablet	Take 1 tablet by mouth 2 (two) times daily as needed for other (Anxiety).	60 tablet	2
• dextroamphetamine-amphetamine 15 mg tablet	Take 1 tablet by mouth daily. TK 1 T PO BID	60 tablet	0
• MEN'S MULTI-VITAMIN ORAL	Take by mouth.		

No current facility-administered medications on file prior to visit.

## PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

## MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

## Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

## Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaluate and give opinion about the need for emotional service dogs;

## Medications (Added, Continued or Stopped this visit)

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		

Kitchens, Marcus Z. [REDACTED] 05/25/2018 04:18 PM 3/4

Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM





PATIENT: Marcus Kitchens  
 DATE OF BIRTH: [REDACTED]  
 DATE: 07/26/2017 09:21 AM  
 HISTORIAN: self  
 VISIT TYPE: Office Visit  
 PROVIDER: Vicki Hackman, MD

This 25 year old male presents for med refill.

### History of Present Illness:

1. med refill  
 last seen 2/2016;  
 finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;  
 on adderal since 2014;  
 says he was focusing better on adderall;

### Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

### VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.3	140.00	63.503		19.53	0		98

4

### MEASURED BY

Time	Measured by
9:30 AM	Hazel Bray, CMA

Kitchens, Marcus Z. [REDACTED] [REDACTED] 07/26/2017 09:21 AM 1/3

**Physical Exam**

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

**Assessment/Plan**

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

*Vicki L. Hackman MD.*

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

Kitchens, Marcus Z. [REDACTED] 07/26/2017 09:21 AM 2/3